

**EXHIBIT B**

**Claim Confirmation Form**

**For**

**Uncompromised Claims**

**CLAIM CONFIRMATION and DELIVERY INSTRUCTIONS**

Name of Claimant: \_\_\_\_\_ Date: 4.8.23

Your claim has been assigned Claim Number \_\_\_\_\_

Your Proof of Claim has been timely received, reviewed, and approved by the Receiver. Your claim has been classified as an **Uncompromised FSD Customer**.

The value of your holdings, as calculated by the Receiver's accountants, is \$ 8,446.

Pursuant to Court Order, you are required to pay to the Receiver a surcharge equal to 5.6 percent of the value of your holdings, which is: \$ 473.

The surcharge should be made payable to "Receiver of FSD" and delivered to:

Kelly Crawford, Receiver  
Scheef & Stone, LLP  
500 North Akard, Suite 2700  
Dallas, Texas 75201

If you have an IRA, check with your accountant or the custodian of your IRA to determine if you can pay the surcharge directly, or if your IRA has to pay the surcharge in order to protect the IRA nature of your holdings. The surcharge may be paid by check or by wire transfer.

Wires should be sent to:

**Axos Bank, 4350 La Jolla Village Drive, Suite 140, San Diego, California 92122**

**ABA Routing Number: 122287251**

**Acct. No.: 890000080238**

**Acct. Name: First State Depository Company, LLC Receivership Estate Account**

Please note on the memo of the wire your full name so that you receive proper credit for the payment.

**YOUR SURCHARGE MUST BE RECEIVED WITHIN 20 DAYS OF YOUR RECEIPT OF THIS CLAIM CONFIRMATION.**

Upon the Receiver's receipt of your surcharge, the Receiver will deliver your holdings to you or your beneficiary pursuant to your directions below. **Deliveries will begin April 11, 2023.**

---

**DELIVERY INSTRUCTIONS (complete and return with your surcharge payment)**

Deliver my holdings to:

Name of recipient (if you have an IRA, list your name and, in care of the name of your IRA custodian) : \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Method of shipping:

- ☐ I or my authorized representative will pick up at the FSD depository in Wilmington, DE
- ☐ Federal Express billed to me or my representative
- ☐ Courier – Identify the name: \_\_\_\_\_
- ☐ Armored transport – Identify the name: \_\_\_\_\_
- ☐ Other (identify): \_\_\_\_\_

Describe the insurance, if any, you obtained for the shipment: \_\_\_\_\_

At the time of shipping the Receiver will be in contact with you regarding your payment of the shipping and handling costs.

I acknowledge that I agree with the Receiver's approval and classification of my Proof of Claim. I acknowledge that I am solely responsible for the cost of insurance and delivery of my holdings.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_